#### CARDIOVASCULAR DISORDERS

Cardiovascular disease may affect a driver's ability in a variety of ways. For this reason, profile guidelines are shown for some of the more common circumstances.

Atherosclerotic Heart Disease/Congestive Heart Failure:

This profile is used for any patient having the clinical diagnosis Atherosclerotic Heart Disease or Congestive Heart Failure (any etiology). The levels are based on the functional classification of the American Heart Association.

**Class 1.** Patients with heart disease but with no limitations of physical activity. Ordinary physical activity causes no undue dyspnea, anginal pain, fatigue or palpitations.

**Class II.** Patients with slight limitations of physical activity. They are comfortable at rest and with mild exertion. They experience symptoms only with the more strenuous grades of ordinary activity.

**Class III** Patients with marked limitations of physical activity. They are comfortable at rest, but experience symptoms even with the milder forms of ordinary activity.

**Class IV**. Patients with inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present, even at rest, and are intensified by activity.

### Supraventricular Arrhythmia and Cardiac Syncope:

In general, the first two levels of this profile apply to individuals whose arrhythmia has been of a minor nature or so remote and well controlled that the patient is expected to drive without presenting a risk to the public. In more severe cases, careful documentation of both subjective and objective findings is required because of the intermittent, unpredictable, and potentially very severe degrees of impairment associated with arrhythmias.

#### Ventricular Tachycardia and Ventricular Fibrillation:

Implantable anti-tachycardia devices (AICD's PCD's, etc.) and patients who have them present special circumstances and problems. Generally, a patient who receives such a device for a presenting rhythm which led to loss of consciousness (e.g., sudden death or syncope) should not drive for six months. If experience shows that a recurrence of such an event will be effectively treated by the device without loss of consciousness, driving may be resumed. If six months elapses without an event, then driving may be resumed. Patients who have devices implanted for non-syncopal rhythms may be allowed to resume driving immediately postoperatively. It is important to note that each of these is a discrete decision and must be considered individually.

### Hypertension:

Apart from its complications, hypertension is largely an asymptomatic condition and in itself does not impair fitness to drive. Medications which may have a sedative side effect or cause unexpected orthostatic hypotension must be assessed by the physician as to their effect on driving Visual, neurological or cardiovascular complications should be profiled under other categories.

## FUNCTIONAL ABILITY PROFILES: Cardiovascular Disorders

Ventricular Tachycardia/Ventricular Fibrillation<sup>1</sup>

Profile Levels	Circumstances*	Condition Example	Interval for Review		
1.	No diagnosed condition	No known disorder.			
2.	Condition fully recovered & compensated	Arrhythmia by history, not documented, asymptomatic	N/A		
3.	Active impairment: a. Minimal	a. Nonsyncopal nonsustained ventricular tachycardia	a. 4 years		
	b. Mild	b. 1. Sustained VT without syncope under treatment	b. 2 years		
	c. Moderate	2. VT or VF treated with medication or ICD greater than 6 months without syncope or LOC. If ICD-no pre or post shock syncope, alteration of consciousness, or interference with ability to control a motor vehicle.	c. No driving		
		c. Same as b. 2) above under treatment less than 6 months or syncope pre or post ICD discharge	J		
	d. Severe	d. Documented syncopal arrhythmia not responding to treatment	d. No driving		
4.	Condition under investigation	Newly identified ventricular tachycardia or recent ventricular fibrillation	As needed		
Including implantable cardioverter defibrillators (ICDs)					

<sup>&</sup>lt;sup>1</sup> \* For further explanation refer to page 1

# FUNCTIONAL ABILITY PROFILE: Cardiovascular Disorders Supraventricular Arrhythmias <sup>1</sup>/Cardiac Syncope/Bradyarrhythmias

Profile Levels	Circumstances*	Condition Example	Interval for Review
1.	No diagnosed condition	No known disorder.	
2.	Condition fully recovered & compensated	<ul> <li>a. Arrhythmias by history, not documented, asymptomatic;</li> <li>b. Documented arrhythmias (excluding ventricular tachycardia or fibrillation) with none in the last 18 months and no other identified heart disease.</li> </ul>	Driver responsible to report any changes
3.	Active impairment: a. Minimal	a. Documented arrhythmias>18 months (excluding ventricular tachycardia or fibrillation) asymptomatic	a. 4 years
	b. Mild	b. Documented arrhythmias within 6-18 months (excluding ventricular tachycardia or fibrillation) on or off medication, symptomatic with or without syncope within 6-18 months	b. 2 years
	c. Moderate	c. Documented arrhythmias<6 months associated with syncope or syncope of any cause (excluding ventricular tachycardia or fibrillation); unstable.	c. No driving
	d. Severe	d. Documented primary ventricular tachycardia or fibrillation. Cardiac syncope due to uncontrollable arrhythmias.	d. No driving
4.	Condition under investigation	Newly identified arrhythmias.	As needed

Excludes transient arrhythmias or conduction defects associated with acute myocardial infarction.

 $<sup>^{2}\,\,</sup>$  Definitive therapy for prevention of syncope may allow driving in <6 months on an individual basis.

<sup>\*</sup> For further explanation refer to page 1

# FUNCTIONAL ABILITY PROFILE: Cardiovascular Disorders: Atherosclerotic Heart Disease (ASHD), Congestive Heart Failure (CHF), Status Post Myocardial Infarction (MI)

Profile Levels	Circumstances*	Condition Example	Interval for Review		
1.	No diagnosed condition	No known disorder.			
2.	Condition fully recovered & compensated	a. History of chest pain without documented CAD or  b. AHA Class I or	N/A		
		c. S/P MI 1 year.			
3.	Active impairment: a. Minimal	a. AHA Class II; CHF, compensated.	a. 2 years		
	b. Mild	b. AHA Class III; S/P MI within 4 weeks-1 year	b. 1 year		
	c. Moderate	c. S/P MI <4 WEEKS <sup>1</sup>	c. No driving		
	d. Severe	d. AHA Class IV, CHF or active unstable angina.	d. No driving		
4.	Condition under investigation	New onset of symptoms of heart disease.	As needed		
<sup>1</sup> May be revised after review of individual circumstances.					

<sup>\*</sup> For further explanation refer to page 1